

Town of East Granby & Granby Youth Service Bureaus REGISTRATION and PERMISSION SLIP

Program: _____ **Fee:** _____

Participant's Name: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade)

Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Referred to the program by: _____

Please check here if you do **NOT** want your child's name or photo published: ____

Please check here if your child does **NOT** have permission to fill out anonymous surveys: ____

****DEMOGRAPHICS (please check one in each category)**

Race:

__ American Indian/Alaska Native

__ Asian

Lunch

__ Black/African American

Free/Reduced Lunch

__ Native Hawaiian/Other Pacific Islander

__ Multi Racial

__ White

Family:

__ 2 Birth/Adoptive Parents

__ Step & Birth Parent

__ Single Parent Female

__ Single Parent Male

__ Grandparent

__ Relative/Guardian

__ DCF

__ Foster Parent

__ On Own

__ Joint Custody

__ Other

***Free/Reduced Lunch:**

__ Receives Free/Reduced

__ Eligible for

__ Not Eligible

*scholarships available
for those that qualify

Ethnicity:

__ Hispanic/Latino

__ Not Hispanic/Latino

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone **NOT** authorized to do so?

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of? _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold the Granby youth Service Bureau, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Granby Youth Service Bureau does not provide accident or health insurance. In addition, I give permission for my child to participate programs at Granby Youth Service Bureau.

Parent/Legal Guardian

Signature: _____ **Date:** _____

**[Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes] YSB programs are not licensed by the OEC and are exemptions under State Public Act 16-100.

Contact AnneMarie Cox for more information about this program (860)844-5355.

Mail \$ fee with this form to 15C North Granby Rd, Granby Ct 06035, Attn: YSB.